

WILTSHIRE COUNTY COUNCIL



ANNUAL REPORT

OF THE

MEDICAL OFFICER of HEALTH

For the Year 1946

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PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
TROWBRIDGE.

June, 1947.

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report upon the public health of the County of Wiltshire for 1946.

The Report is on the lines suggested by the Ministry of Health, but its late appearance is due to delay in the receipt of statistics from the office of the Registrar General which were not received until the 18th June, 1947.

Important events during the year were the release of members of the Civil Nursing Reserve which, well deserved though it was, still further depleted hospital nursing staffs, the prolongation of the reception of London expectant mothers at the Emergency Maternity Unit until the withdrawal of L.C.C. "pupil" midwives at the end of October, and the decision to take over as tenants the hospital premises at Odstock.

Infectious diseases again responded to the usual preventive measures, and fortunately no case of smallpox developed among the 200-300 persons notified during the first six months as having disembarked from ships on which a case of smallpox had occurred.

A number of professional and clerical members of the department returned from the Forces. Doubts as to how, after attaining non-commissioned or commissioned rank up to that of Lieutenant-Colonel, they would settle down to peace-time routine were never justified, and all showed marked keenness in taking up their civilian duties.

I should like to express to the Chairman and Members of the Public Health Committee my sincere thanks for their support and consideration. I am also pleased to acknowledge with gratitude the loyal co-operation of members of the Public Health Staff without which it would be impossible to carry out efficiently the much varied duties of the Department. In particular I would mention my deputy, Dr. Semple, and the Lay Administrative Officer, Mr. Horton.

I have the honour to be,

Your obedient servant,

J. BURMAN LOWE.

POPULATION.

The Registrar-General's estimate for 1946 330,840
This figure differs little from that for the previous year, 331,290.

BIRTHS AND DEATHS.

	TOTAL.		RATE.	
	1946	1945	1946	1945
			(per 1000 of population)	
Live Births	6477	6192	19.58	18.69
Deaths	3894	3918	11.77	11.83
Deaths from :—			(per 1000 births)	
Puerperal Sepsis	2	—	.30	—
Other Puerperal Causes	6	8	.90	1.26
TOTAL	8	8	1.20	1.26
			(per 1000 live births)	
Deaths of Infants under one year of age	238	220	36.75	35.53
Deaths from Cancer (all ages)	557	595		
Deaths from certain Infectious Diseases				
Scarlet Fever	—	3		
Diphtheria	2	1		
Typhoid and Paratyphoid Fever	1	—		
Cerebro-Spinal Fever	4	7		
Infantile Paralysis	1	3		
Acute Encephalitis Lethargica	2	1		
Phthisis	110	92		
Other Tuberculosis	16	34		

The live birth-rate of 19.58 compares with a national rate of 19.1. Both show a very considerable increase on the figures for the previous year, 18.69 and 16.1, respectively.

The County maternal mortality rate, 1.2, compares favourably with the national rate of 1.43 and is in any case remarkably low compared with the rates to which we were accustomed a few years ago before modern drugs had removed much of the risk of mortality from incipient cases of sepsis.

The infant mortality rate is again low, 36.75, and compares very favourably with the national rate of 43.

The figures of death from infectious diseases are all small and do not call for comment with the exception of tuberculosis, which showed an unfortunate increase in the number of deaths from phthisis, totalling 110, although the number of deaths from non-pulmonary tuberculosis was halved, as compared with the figure for 1945. The general level of deaths from tuberculosis throughout the war period and subsequently is shown in the following table, which is again included in this Report as a matter of interest. The other two diseases shown, which might well have caused much anxiety during this period, have fortunately declined in a most satisfactory way.

Disease.	1939	1940	1941	1942	1943	1944	1945	1946
Deaths from Diphtheria	13	37	19	2	2	5	1	2
„ „ Cerebro-spinal Fever	3	23	18	10	4	2	7	4
„ „ Tuberculosis :—								
Phthisis	110	109	134	107	95	99	92	110
Other	19	28	49	34	24	26	34	16

ACUTE INFECTIOUS DISEASES.

The following are the aggregate totals of notifications during 1946 of the more important infectious diseases amongst civilians, together with comparative figures for preceding years covering the war period :—

Disease.	Total Notifications during							
	1939	1940	1941	1942	1943	1944	1945	1946
Smallpox	—	—	—	3	—	—	—	—
Scarlet Fever	449	1180	711	543	658	640	541	355
Diphtheria	154	501	314	70	74	105	17	14
Enteric Fever (including Paratyphoid)	8	2	31	5	6	—	2	1
Puerperal Pyrexia	86	86	120	98	67	64	41	50
Cerebro-Spinal Fever	10	240	100	60	28	22	16	15
Infantile Paralysis	9	4	14	9	9	1	5	13
Acute Encephalitis Lethargica	1	4	2	6	2	—	—	1
Ophthalmia Neonatorum	18	18	29	25	20	22	24	27

Scarlet Fever.—It will be seen that there has been a further large fall in the number of notifications, and the total for last year was by far the lowest in any year included in the table.

Diphtheria.—This disease also shows a further fall, which is continuing evidence of the value of our diphtheria immunisation scheme, still energetically pursued. More details of the scheme are given under the heading of “ Diphtheria Immunisation ” in this Report.

Puerperal Pyrexia.—The total of 50 notifications, although a little higher than that for 1945, remains much lower than the average for previous years.

Infantile Paralysis.—The number of cases notified, 13, has increased, and the majority occurred in the south of the county during the summer. Notification is, of course, restricted to cases in the acute stage. As far as possible every case is followed up to ensure that, if orthopædic treatment is needed under the County scheme, it is provided at the Bath and Wessex Orthopædic Hospital.

Ophthalmia Neonatorum.—The total of 27 notifications shows very little increase on the figure for the previous year, 24. It should, moreover, be borne in mind that there now seems to be an increasing and very satisfactory tendency amongst practitioners to notify comparatively slight cases strictly in accordance with the Regulations, thus increasing the actual number of notifications.

It is very satisfactory again to be able to record that prompt treatment in all cases prevented any impairment of vision of the child.

DIPHTHERIA IMMUNISATION.

Immunisation of children under five years of age is the responsibility of the Welfare Authority but for those who are five years and over the District Council is the responsible authority. In Wiltshire, however, with the exception of the Borough of Swindon, City of Salisbury and East Wilts Combined Districts, the whole of the work is carried out by Assistant County Medical Officers, including the older children on behalf of the District Councils. The majority of the work is done by two Assistant County Medical Officers on the whole time staff but for two districts the services of a part-time officer have been obtained. In the East Wilts Combined Districts, Dr. Wilson, the Medical Officer of Health, has undertaken the whole of the work including the pre-school children on behalf of the County Council.

A uniform and comprehensive record system is maintained from which statistics can be furnished as required from time to time by the Ministry of Health. In addition information can be given to Medical Officers of Health regarding cases they suspect of being diphtheritic. Ideally immunisation should be carried out in the first year of life and reinforcing doses given at approximately five year intervals until the child reaches fifteen years of age. In practice, however, the original immunisation may take place after the first year although this delay tends to get less frequent. Each Health Visitor is responsible for securing consent to immunisation of all infants in her area by the time one year has been attained. Special attention to the progress of this work is paid by the County Nursing Supervisor on her quarterly visits to the nurses. With our present record system we are now in a position to compare the figures of immunisation of infants in the various areas with the number of births for these districts. Any necessary action in less favourable areas can then be taken. Immunisation sessions are held under our arrangements usually at least four times a year in all the villages in the County, increasing in number to monthly sessions in the larger towns. A check is kept on the number of visits to each nurse's area and should these fall off owing to lack of requests the nurse is asked for a report on the position.

As mentioned in my last report the question of giving reinforcing doses arose towards the end of 1945. Again in this connection the maintenance of a comprehensive card index system is indispensable as, apart from general propaganda, it has been the aim to send a letter to the parents of each child where, according to the cards, five years has elapsed since the original immunisation. This involved a considerable amount of work towards the end of the year, and 2,224 children over the age of five received reinforcing injections. In all during the year, over twice the number of cases was dealt with than in each of the two previous years, as the following figures show :—

Year.	Original Immunisations.	Reinforcing Injections.
1944	2784	—
1945	2611	—
1946	3696	2224

This has been done with very little increase in medical manpower.

In addition to these figures Dr. Wilson has dealt during the year with the following cases in the East Wilts Combined Districts :—

Original Immunisations.	Reinforcing Injections.
534	223

The policy of maintaining regular clinics in the more populous areas has been followed and eight such clinics are now in operation. It is our intention to establish further clinics of this nature as soon as circumstances permit.

The following table shows the number of children under 15 years of age who were protected at the 31st December, 1946.

Number of Children who had completed a full course of Immunisation at any time up to 31st December, 1946.

Age at 31/12/46, i.e., Born in Year.	Under 1 1946.	1 1945.	2 1944.	3 1943.	4 1942.	5 to 9 1937-1941.	10 to 14 1932-1936.	Total under 15.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Bradford-on-Avon Urban ...	—	28	35	31	36	253	266	649
Bradford and Melk- sham Rural ...	—	69	86	98	82	465	518	1318
Calne Borough ...	—	45	60	76	74	412	330	997
Calne and Chippen- ham Rural ...	2	157	231	223	232	1134	1267	3246
Chippenham Borough	4	173	210	192	167	823	822	2391
Cricklade & Wootton Bassett Rural ...	5	84	156	140	132	728	788	2033
Devizes Borough ...	—	45	66	69	89	495	477	1241
Devizes Rural ...	—	57	131	116	115	700	786	1905
Highworth Rural ...	—	112	164	178	223	979	1024	2680
Malmesbury Borough	—	37	37	36	35	168	190	503
Malmesbury Rural ...	—	51	96	74	87	451	476	1235
Melksham Urban ...	—	37	68	103	92	389	351	1040
Mere and Tisbury Rural ...	—	83	113	112	148	669	657	1782
Salisbury and Wilton Rural ...	—	53	108	119	117	754	1025	2176
Trowbridge Urban ...	8	133	155	141	148	729	817	2131
Warminster Urban ...	3	44	52	58	59	424	396	1036
Warminster and Westbury Rural ...	—	69	127	118	139	676	633	1762
Westbury Urban ...	—	17	58	39	52	254	238	658
Wilton Borough ...	—	3	16	12	21	149	132	333
TOTALS ...	22	1297	1969	1935	2048	10652	11193	29116

In addition to the above, the number of protected children in the East Wilts Combined Districts is 9730. It is estimated that the total protected forms 73.4% of children under 15 years.

No case of diphtheria occurred during the year among these protected children.

This is, I think, an appropriate time to record our appreciation of valuable assistance given to this scheme by Head Teachers and also of the enthusiasm of the Health Visitors in carrying out this part of their duty. Without the ready co-operation of both it would be extremely difficult to approach individual parents. Further, in most villages the school forms the only centre where the clinic can be held, and without exception Head Teachers in this County have always been of the utmost help.

SMALLPOX.

Although during the year 1946, and in fact during practically the whole of the war period, the Smallpox Hospital at Ogbourne St. George was occupied by some 30 Public Assistance chronic bedridden males, it is thought that it may be of interest to record that these patients were moved on 17th March, 1947, and the Hospital is now ready for occupation in the case of an outbreak of smallpox.

It has, of course, been a source of constant concern to have such a hospital used for Public Assistance cases, but, owing to the scarcity of accommodation, no other course was possible during the war.

The Matron of the Marlborough Children's Hospital is responsible for ensuring that the Hospital stores are ready for immediate use, whilst, in the event of an outbreak, arrangements for utilising the staff of the Devizes and Pewsey Isolation Hospital remain in force.

HOSPITALS.

The following is a brief survey of the hospitals in the County, other than isolation and voluntary hospitals.

At the outset, however, reference should be made to the nursing position. The serious shortage of staff which became manifest in 1945, has continued increasingly to be a severe handicap in all our hospital work, and development to a considerable extent has been controlled by this factor. In an endeavour to meet the situation, available male staff has been engaged wherever practicable, and part-time nurses, and even untrained and inexperienced helpers have been employed. Even so it has been found impossible to nurse our full complement of beds. The Public Assistance Committee now have under consideration a comprehensive scheme to provide nursing of the chronic sick in their infirmaries by part-time staff under the direction of the few remaining qualified nurses, and it is to be hoped that, when the appeal is made, there will be sufficient response to permit of its being put into successful operation.

ST. MARGARET'S HOSPITAL.

During the war this Hospital, which is administered by the County Public Health Committee, was used mainly as an E.M.S. Hospital providing some 320 beds, and the admission of civilian patients was of necessity restricted. Now it has reverted to civilian use and much consideration has been given to its reorganisation, both as regards staff and premises, to provide a complete hospital service for the area, and, by agreement with the Great Western Railway Medical Fund Society, to absorb the in-patient work for which they have hitherto provided in their own hospital. With the consent of the Ministry, the five E.M.S. ward huts on the Hospital site have been taken over by the County Council, and the plans for reorganisation of these include the provision of new Nurses' Dining and Recreation Rooms in addition to special departments for ophthalmic and orthopaedic work, for physiotherapy and for a children's ward. These alterations will reduce the actual number of beds available for patients to about 220.

Application has again been made to the General Nursing Council for recognition of the Hospital as a complete training school in the hope that this will stimulate recruitment and ensure perhaps that the nurses, after training, will remain at the Hospital. At present it is recognised as an affiliated training school and after two years training the student nurses go on to Southmead Hospital, Bristol, to complete their course, being thus lost to St. Margaret's. It seems possible that the Council's application for complete recognition may succeed if the General Nursing Council's requirements as to structural alterations and other matters can be met.

Medical and surgical staff at the Hospital have been well maintained but there has been, and still is, difficulty over shortage of qualified staff for physiotherapy and radiography.

TOWER HOUSE E.M.S. HOSPITAL, SALISBURY.

This Hospital was set up under the Ministry of Health Emergency Medical Services Scheme and comprises five ward huts which were erected at the outbreak of war on the Tower House P.A. Infirmary site and includes also part of that building. It provides 226 beds. Few E.M.S. patients are now admitted and of the fifty odd beds which can be nursed with the limited staff available, approximately 20 are devoted to tuberculous patients, either County or E.M.S.

In-patient treatment under the Education Committee's Ear, Nose and Throat Scheme for the area is provided at this Hospital and at the time of writing an average of 10 to 12 cases per week is being admitted.

Shortly it is hoped that the long anticipated transfer of the patients and staff from this hospital to that at Odstock, to which reference is made below, will be realised. The accommodation vacated at Tower House will then be at the disposal of the Public Assistance Committee as additional provision for the chronic sick. Advantage has, in fact, already been taken of the beds now vacant to transfer there 25 male patients with their staff who had been accommodated as an emergency measure at the Ogbourne Smallpox Hospital because of the shortage of beds elsewhere.

ODSTOCK HOSPITAL.

The wisdom of occupying these premises for the treatment of County Council cases was very closely questioned on many occasions but I have no doubt that the decision to take them over was the only one possible if the Council's responsibilities were not to be shelved.

An elevated and healthy site, huts which during the war had proved of great value, heating, electricity, and water, accommodation for 100 nurses and 300 patients, two very good theatres and a situation near to a picturesque city were assets that could not be ignored.

The drawbacks of flat roofs, American voltage, and rather wide dispersal of huts and grounds pointing to expensive adaptations and maintenance, were lessened by the arrangement come to with the Ministry of Health. By this the Ministry of Health remained the owners of the property. On their instructions the Ministry of Works took over the duties of caretakers and became responsible for maintenance. The plans for adaptation were prepared by the Public Health Department, and, after approval by the Ministry of Health, were passed on to the Ministry of Works to be carried out. It is unfortunately necessary to record that much delay is being experienced in getting this work done, due to the shortage of labour and inability to get the necessary materials. By the end of the year the Nurses quarters had been finished and occupied by the Tower House nurses, previously scattered in billets and in their own hospital and it is hoped that the E.M.S. patients can be transferred as soon as the next series of contracts, now approved, have been carried out. The plans provide for a general hospital unit of 120 beds, which, as E.M.S. patients lessen, can wholly be occupied by County Council acute sick, chronic sick, and children receiving Ear, Nose and Throat treatment. A unit for tuberculosis containing 120 beds will alleviate the very serious waiting list of patients, now scattered in their homes all over the County, many in an infectious condition. It is hoped to provide, as well, accommodation well separated in different blocks for children who show definite evidence of tubercular infection. Reached by an independent entrance nearer to Salisbury and on the opposite side of the grounds lie huts which are to be adapted for a Maternity Unit of 60 beds. These plans have now been drawn after full consultation and forwarded to the Ministry of Health for approval.

CORSHAM MATERNITY HOME.—13 beds.

BERRYFIELD HOUSE MATERNITY HOME,
BRADFORD-ON-AVON.—35 beds.

} Reference in greater detail is made to these hospitals
under the heading "Maternity and Child Welfare."

HARNWOOD HOSPITAL, SALISBURY.—50 beds, including shelters, for advanced cases of tuberculosis.
Further details are given under the head "Tuberculosis."

SMALLPOX HOSPITAL, OGBOURNE ST. GEORGE.—30 beds.

For further details see "Smallpox."

PUBLIC ASSISTANCE INFIRMARIES.

Accommodation for the chronic sick is provided in seven infirmaries under the Public Assistance Committee, as follows :—

Amesbury Institution	...	...	45 beds for difficult male patients. Entirely male nursed.
Chippenham Institution	...	...	143 beds.
St. James's Home, Devizes	...	...	51 beds.
The Lodge, Semington	...	...	80 beds.
Salisbury Institution	...	...	75 beds.
Stratton St. Margaret Institution	...	...	50 beds.
Warminster Institution	...	...	95 beds.

Chronic sick patients are also admitted at present to St. Margaret's Hospital and to a limited extent to Tower House E.M.S. Hospital, as well as to the Marlborough Convalescent Home where 20 beds have been reserved for such cases as a temporary measure. When the move from Tower House to Odstock has been accomplished, it is hoped that it will be possible to transfer the chronic sick from Marlborough to Tower House.

MATERNITY AND CHILD WELFARE.

Midwifery and Maternity Nursing Services.

GENERAL ADMINISTRATION OF DOMICILIARY SERVICE UNDER MIDWIVES ACT, 1936.—The domiciliary midwifery and maternity nursing service, which is mainly provided by District Nursing Associations, co-ordinated by the County Nursing Association, has been maintained throughout the Council's area, in spite of constant difficulty owing to the continuing shortage of midwives.

The further increases in salaries of midwives, recommended by the Midwives Salaries Committee and endorsed by the Ministry of Health, have been granted to nurses throughout the County, and the conditions of service recommended have also been implemented as far as present staff shortages permit. These well-deserved improvements in salary and terms of service do not, however, appear to have given rise to much increased application for vacant appointments. This is no doubt due to the more or less universal application of the Midwives Salaries Committee's recommendations, combined with the fact that the majority of nurses who obtain the certificate of the C.M.B. do not practise midwifery.

The following table indicates the extent of the domiciliary service during the year :

Category.	No. of Cases attended as :		Total.
	Midwife.	Maternity Nurse.	
County Council Midwives	296	80	376
Midwives of District Nursing Associations	1454	498	1952
Private Midwives	39	30	69
Totals	1789	608	2397

The training of County and Nursing Association midwives throughout the area in gas and air analgesia is proceeding as rapidly as circumstances permit. Delivery from manufacturers of apparatus for use after training is sometimes delayed but the present year will see the considerably extended use of analgesia in labour in midwives' practices in the County. Altogether by the end of 1946, 27 midwives were qualified to use gas and air analgesia, 15 being in domiciliary practice and 12 institutional.

MIDWIVES ACT, 1918.—Medical aid was summoned by midwives on 933 occasions during the year, representing 25% of the cases attended by midwives as such. These figures compare with 999 summonses and 29% during the previous year.

MEDICAL ANTE-NATAL CARE.

Consultant Ante-Natal Clinics.—The following three consultant Clinics have continued in service throughout the year. These clinics were primarily established for consultative use either by doctors or midwives but the clinics at Swindon and Salisbury combine with this the functions of ordinary ante-natal clinics since cases entering the respective Maternity Hospitals are examined there, thus increasing the numbers attending much beyond purely consultative cases.

Area.	Clinic.	Sessions.	Obstetrician Attending.	No. of Expectant Mothers who attended in 1946.
Northern	37, Milton Road, Swindon.	Every Wednesday, 2.0 p.m.	Dr. G. Roworth, "Ridgway," Westlecott Road, Swindon. (In 1946 Dr. A. W. K. Bennett).	114
Western	County Council Clinic, The Halve, Trowbridge.	First Wednesday in month, 2.30 p.m.	Dr. A. Leech-Wilkinson, 28, The Circus, Bath.	63
Southern	General Infirmary, Salisbury.	Every Tuesday at 10.30. (Also Thursdays at 11.30 for cases booked to enter Infirmary).	Dr. J. C. Gordon, Endless Street, Salisbury.	503

Medical Examination by General Practitioners.—The limited, and experimental, scheme started in the Corsham area for medical ante-natal and post-natal examination of midwifery patients entering the Corsham Maternity Home by the practitioner responsible to attend the confinement, if required, has not yet been made of universal application in the County pending the bringing into force of the new Health Service Act. Under this Act, however, a general scheme will be essential and this might well be based on our trial scheme which has proved its workability and embodies the essential feature of one practitioner attending the case throughout. Any special qualifications required by the Minister for practitioners attending cases at the request of midwives would naturally also be required for those engaging in the expanded scheme. Under the present scheme 210 ante-natal examinations were made during 1946, and also 92 post-natal examinations.

CONSULTATIONS IN COMPLICATED MATERNITY CASES.—The three consultant obstetricians named above are also available, on request, for consultations at County expense in patients' homes or local hospitals, or for operative work in the latter. During 1946 ten such consultations were arranged, and three operations performed.

BIRTH CONTROL CLINIC.—The arrangements instituted in 1936 with the Married Women's Advisory Clinic, Salisbury, for the attendance of approved cases from the County area at the Clinic continued in operation, and some 17 attendances were made. These arrangements are strictly limited, in accordance with the policy of the Ministry of Health, to married women in whose cases pregnancy would be detrimental to health.

If necessary the travelling expenses of County Patients attending this Clinic are repaid by the Council.

ANCILLARY SERVICES.—Facilities exist for X-ray examinations in ante-natal cases in the Northern, Western and Southern areas of the County at St. Margaret's Hospital, Stratton, the Royal United Hospital, Bath, and the Salisbury Infirmary, respectively. There are also arrangements for pathological examinations, for the supply of special preparations in necessitous cases, and for the dental treatment of any expectant or nursing mother, or child under five, who lacks it on account of poverty.

HOME-HELP SCHEME.—The home-help scheme personnel has been reduced by resignations to one, who, however, continues to provide a most popular service in a limited area. Every endeavour has been, and is being, made to secure more home-helps including the publicising of the scheme by addresses to Women's Institutes and other organisations. The organisation of a successful scheme in a County area presents many difficulties which would not arise in a scheme for a large town, and the more sparse the population the greater the problem.

Service was provided in 14 cases during the year.

Institutional Provision.

COUNTY MATERNITY HOMES.—The war-time arrangement for the reception of London mothers in two improvised Maternity Homes at Bradford-on-Avon and Melksham came to an end in October, 1946, and the Home at Melksham was closed. The Home at Bradford-on-Avon, together with the Ante-natal Hostel organised therewith, was taken over by the County Council and is now being used for cases from the County area, together with some patients from Swindon and Salisbury, sent by the Welfare Authorities for these towns. The Ante-natal Hostel now provides ten beds only for patients and the remainder of the Hostel is used as a Nurses' Home for the accommodation of staff of the Bradford Home formerly billeted out under the Government scheme. The number of beds in the Bradford Home has also been reduced from 40 to 35 to permit of better arrangement of the wards. The training of pupil midwives was continued throughout the year, and now includes training in gas and air analgesia. The maintenance of the Home has been very difficult owing to the very marked shortage of staff, which it has been impossible to overcome satisfactorily in spite of every effort.

The Corsham Maternity Home has continued its work, providing 13 beds. Extension of these restricted premises is impracticable but various detail improvements have been made.

The Council's arrangements with the Swindon Borough Council for admission of County cases to the Swindon Maternity Home, and with the Voluntary Hospitals at Salisbury, Trowbridge, and Malmesbury have continued unaltered. Figures with regard to admissions, etc., to all the County Homes are given in the table below.

Home.	Total Beds.	Beds for C.C. Cases.	No. of C.C. Cases admitted during 1946.	No. of other Cases admitted during 1946.	Total.
Berryfield House, Bradford-on-Avon	35	Up to maximum	267	372 London Evacuees 21 Swindon Town 1 Salisbury City	661
Old Cottage Hospital, Melksham (Closed October, 1946),	30	Primarily for evacuees, but C.C. cases admitted.	203	192 London Evacuees 24 Swindon Town 1 Salisbury City	420
Corsham Maternity Home	13	13	240	—	240
Swindon Maternity Home	22	5*	180	596	776
Malmesbury and District Hospital	8	As required ...	11	123	134
Salisbury General Infirmary	30	As required ...	154	522	676
Trowbridge and District Hospital	13	As required ...	53	131	184
TOTALS ...	151		1108	1983	3091

*This is a nominal figure, considerably increased at times, especially when staff has permitted of the Annexe attached to this Home being opened.

During the year serious consideration has been given to the question both of short-term and long-term expansion of the County provision for maternity beds. As a result, at the time of writing the County Council has resolved upon the purchase, subject to the sanction of the Ministry of Health, of a mansion at Chippenham which would be readily convertible to a Maternity Home of some sixteen beds, for use in the near future. As a matter of long-term policy the same mansion would later be convertible to nurses' quarters when it became possible to erect in the grounds an up-to-date Maternity Hospital for a considerably increased number of beds.

In addition plans for the use of part of the ex-military hospital at Odstock as a maternity unit for the south of the County are well advanced and it is hoped that the actual conversion of the buildings will commence shortly. The present premises at the General Infirmary, Salisbury, do not permit of ready expansion on any permanent basis, and there is no doubt that considerably more beds are required if the needs of the population are to be fully met.

For the central area of the County the Devizes and District Hospital has had under consideration plans for the provision in the near future of a block of ten maternity beds by conversion of an existing building and, as longer term policy, a plan for a new building for 20 beds. Some of these beds would be utilised for County cases, by arrangement with the Hospital Committee.

HOSPITAL TREATMENT OF INFECTIOUS CONDITIONS.

Puerperal Pyrexia Regulations.—Twenty-four cases of puerperal pyrexia were notified in the Council's maternity and child welfare area during 1946, 16 being domiciliary cases and eight institutional. Sixteen of these cases were removed to isolation hospitals for segregation and treatment under the Council's scheme.

Ophthalmia Neonatorum Regulations.—Seventeen cases were notified during 1946, nine domiciliary and eight institutional. In-patient treatment was provided under the County scheme in 12 cases. Reports showed no impairment of vision in any of the notified cases.

Child Welfare.

Notification of Births.—The total of births notified in the County area, excluding Swindon and Salisbury, was 4,431. This figure compares with 4,634 during 1945.

The number of stillbirths notified during 1946, included in the above figure, was 97. The corresponding figure for 1945 was 92. Although the comparison with 1945 was a little unfavourable, the 1946 total compared favourably with the average of the peace-time years 1936-39, which exceeded 100 despite the much lower birth-rate.

Premature Infants.—The sets of equipment available in twelve centres for loan to midwives needing them for the care of premature infants in their own homes have continued to be in considerable demand. Eighty-two of the 92 infants born at home in 1946 with weight of 5½lb. or less were wholly nursed there.

A special ward for premature infants has been set up at a large hospital which serves the western area of the County, but as yet there is insufficient staff available for the ward to be opened to infants born outside the hospital. Similar special provision for premature infants is contemplated at Odstock Hospital.

Statistics kept for 1946 show that, of 261 infants born with weight of 5½lbs. or less, 212 survived at the end of one month.

Health Visiting.—The County staff of whole-time Health Visitors was increased to 11, and there are 79 part-time Health Visitors. These nurses paid 30,147 visits to infants under one and 39,363 visits to infants between the ages of one and five years, during 1946.

Except upon reflection it may not be generally realised that the considerably increased birth-rate since 1939 has had much more than a proportionate effect upon the number of infants under supervision under the health visiting scheme at any given time. In 1939 the number of infants

under supervision was approximately 13,500 and in 1946 was about 20,000. It will be seen, therefore, that the increase is some 50%. This has thrown a heavy burden of extra work both upon the health visiting staff and the administration, and it has not been practicable in existing circumstances to augment the staff in proportion. In addition, the greatly increased number of children under supervision has increased, more or less correspondingly, the work of all the schemes ancillary to the health visiting service for the treatment of infants for orthopaedic, ophthalmic, and ear, nose and throat defects, etc. More details of the work of these schemes are given below.

Registered Foster-Homes.—At the end of 1946 there were 61 children under statutory supervision in 54 individual homes. The corresponding figures for the previous year were 78 children in 63 homes. This reduction accords with the increasing difficulty which moral welfare workers and others are meeting in finding suitable foster-homes in which to place the children of unmarried mothers.

The general standard of homes under supervision is good, and it is rarely necessary now to advise, or compel, the removal of children from foster-homes notified to the Welfare Authority. All but one of the foster-homes in the County receives children on a more or less individual basis. The one exception is a privately organised nursery of a high standard.

Adoption of Children (Regulation) Act, 1939 : Section 7.—Notice was received under this Act of 16 children during 1946. All the homes concerned were satisfactory from the reports received from the County Health Visitors, who exercise similar supervision until adoption is completed as in the case of children received into registered foster-homes.

Illegitimate Children.—The Council's subsidy to the Salisbury Diocesan Association for the provision of three additional Welfare Workers has been continued. Their work is co-ordinated with that of the County Council through a County Health Visitor attached to the administrative staff. One of the direct results of this work during the year has been the admission of 79 cases, for which the County Council assumed responsibility, to the Girls' Hostel at Devizes organised by the Diocesan Association. Cases for confinement from this Hostel are admitted to the Council's Maternity Home at Bradford-on-Avon. The Hostel has accommodation for 14 cases, 6 ante-natal and 8 post-natal.

Infant Welfare and Weighing Centres.—There are now 29 Infant Welfare and 33 Infant Weighing Centres in the County area.

Particulars of the Infant Welfare Centres, and the attendances made there during 1946 are given in the following table.

Centre.	Day of Month and Time Centre is open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances in 1946.
AMESBURY. Public Assistance Institution	1st and 3rd Tuesdays, 2.30—4 p.m.	*Dr. Leach and District Nurse	Dr. Leach attends 3rd Tuesday	259
ASHTON KEYNES AND LEIGH. Parish Hall.	1st Wednesday, 3 p.m.	Dr. Thomson and District Nurse	M.O. attends each session if possible	163
BOX. Methodist School-room.	2nd and 4th Fridays, 2—4 p.m.	†Dr. Scott and District Nurse	Dr. Scott attends 2nd Friday	866
BOXFIELD. Community Centre	1st and 3rd Fridays, 2—4 p.m.	†Dr. Scott and ‡Mrs. Ladd	Dr. Scott attends 1st Friday	345

Centre.	Day of Month and Time Centre is open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances in 1946.
BRADFORD-ON-AVON. Church House, Church Street.	1st and 3rd Tuesdays, 2 p.m.	†Dr. J. Murray, ‡Miss Francis and District Nurses	Dr. Murray attends 1st Tuesday	728
CALNE. Baptist Schoolroom, Castle Street.	1st and 3rd Wednes- days, 2—4 p.m.	†Dr. Urquhart and ‡Mrs. Ladd (and local midwife)	Dr. Urquhart attends every session	567
CHIPPENHAM. Wesleyan Chapel Hall, Sheldon Road.	Every Tuesday (except 1st Tuesday in alter- nate months), 2—4 p.m.	†Dr. Broomhead ‡Miss MacNeil, ‡and Mrs. Pilch	Dr. Broomhead attends every session	2500
CORSHAM. County Council Clinic.	Every Thursday, 2—4 p.m.	†Dr. Scott, ‡Miss Ferman	Dr. Scott attends every session	1513
CRICKLADE. Town Hall.	2nd and 4th Thursdays, 2.30—4 p.m.	Dr. Thomson, District Nurse	M.O. attends 2nd Thursday	304
DEVIZES. Wesleyan School- room, Long Street	Alternate Thursdays, 2.30—4 p.m.	†Dr. Hammond ‡Miss Ansaldo	Dr. Hammond attends every session	746
DOWNTON. Youth and Social Centre Clubroom.	Alternate Fridays, 2.15—4 p.m.	Dr. B. Whitehead, jun. District Nurses	M.O. attends every session	700
EAST KNOYLE. Village Hall.	1st Wednesday 2.30 p.m.	Dr. H. C. Beck or Dr. O. Hart (alternate periods of 6 months). District Nurse.	M.O. attends each session	131
HIGHWORTH. British Schools	Alternate Tuesdays, 2—4 p.m.	Dr. Robertson and District Nurse	M.O. attends every other session.	38 (Commenced Dec. 10, '46)
LANDFORD. Women's Institute Hut.	Temporarily closed.			
LAVERSTOCK. Hill Hall.	1st Wednesday, 2.30—4 p.m.	*Dr. Leach, ‡Miss Sainsbury.	Dr. Leach attends every session	198 (Commenced Apr. 3, '46)
LAVINGTON. Wesleyan School- room, Littleton Panel.	1st Friday, 2.30 p.m.	Dr. Skene and District Nurse	M.O. attends every session	192
LUDGERSHALL. Catholic Hall.	Last Tuesday, 2—4.15 p.m.	Dr. Gauld and District Nurses	M.O. attends every session	26 (Commenced Dec. 31, '46)
MALMESBURY. Parish Hall.	1st Saturday, 2.30 p.m.	Dr. Penman and Dr. Winch (in annual rotation), District Nurse.	M.O. attends every session	244
MARLBOROUGH. Red Cross and St. John's Hall.	1st Monday, 2—4 p.m.	†Dr. Hammond, District Nurses.	Dr. Hammond attends every session.	113
MELKSHAM. Old Bank House.	Alternate Thursdays, 2.30—4.30 p.m.	Dr. A. T. Schofield, District Nurses.	M.O. attends every session	802

Centre.	Day of Month and Time Centre is open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances in 1946.
MERE. Lecture Hall, Salisbury Street.	Alternate Thursdays, alternating every four months with alternate Tuesdays, 2.30—4.15 p.m.	Dr. B. W. Alexander in 4-monthly rotation with Dr. O. Hart. District Nurse.	M.O. attends every session	755
RAMSBURY. Fellowship House.	1st Thursday, 2.30—3.30 p.m.	Dr. Mills. District Nurse	M.O. attends every session.	154 (Commenced Mar. 7, '46).
SEMLEY & SEDGEHILL. Baptist Schoolroom, Semley.	Last Wednesday, 2.30 p.m.	Dr. W. M. Chapman. District Nurse.	M.O. attends every session	65
STRATTON ST. MARGARET. Methodist School- room.	Alternate Thursdays, 2.30 p.m.	†Dr. Hammond, District Nurses	Dr. Hammond attends 1st Thursday.	507
TISBURY. Parish Reading Room, High Street.	2nd Tuesday, 3 p.m.	Dr. H. C. Beck, District Nurse.	M.O. attends every session.	292
TROWBRIDGE. County Council Clinic, The Halve.	Every Tuesday, 2—4 p.m.	†Dr. Scott, ‡Mrs. Fielding, §Mrs. Pressler.	Dr. Scott attends every session.	2485
WARMINSTER. Town Hall.	1st and 3rd Fridays, 2.30—4 p.m.	†Dr. Morgan, ‡Mrs. J. Bitten.	M.O. attends every session.	326
WESTBURY. Congregational Schoolroom, Leigh Road.	1st and 3rd Mondays, 2—4 p.m.	†Dr. Morgan. District Nurse.	Dr. Morgan attends 1st Monday.	503
WILTON. Dr. Lane's Surgery, West Lodge.	1st and 3rd Thursdays, 2—4 p.m.	Dr. S. C. H. Lane, and District Nurse.	M.O. attends every session. (Ante-natal work also undertaken on 1st Thursday).	465
WOOTTON BASSETT. British Legion Room, Sparrow Lane.	1st and 3rd Tuesdays, 2—4 p.m.	†Dr. Hammond, §Mrs. Sherrin.	Dr. Hammond attends every session.	551

(Most of the Centres are closed during August).

*Temporary part-time Assistant County Medical Officer.

‡County Council Health Visitor.

†Assistant County Medical Officer.

§County Council Midwife.

Eight of these Centres are organised directly by the Council and the remainder by voluntary effort. Financial, and other assistance by way of provision of Medical Officer or premises, is given to 15 of the voluntary Centres.

Posters and leaflets on home safety measures and various health subjects are issued at intervals to Infant Welfare Centres, and the Medical Officers of these Centres are encouraged to give short addresses on subjects of this kind to the mothers. It is hoped thus not only to stimulate attendance at the Centres but also to reach, with these addresses, the section of the public most directly concerned.

Supply of Infant Foods and Vitamin Preparations.—In addition to the normal supplies of Government Dried Milk, one or other of the proprietary brands of humanised dried milks is available, when prescribed by the Medical Officer, at reduced prices at most of the larger Welfare Centres, and also, in many cases, other tonic foods such as Roboleine and Virol.

The Government vitamin preparations issued by the Ministry of Food are distributed through a comprehensive system of centres throughout the County organised by the County Health Visitors and linked as far as possible with the existing Welfare and Weighing Centres.

Day Nursery.—The Day Nursery situated at Trowbridge has continued in operation throughout the year. The children placed there are mainly those of women employed full-time in the town, although a few are children of local part-time employees. The attendance has been generally satisfactory and there is usually a waiting list of children for the nursery. The number of approved places is 40. This Nursery undoubtedly meets a need at the present time in the Trowbridge area, where the expense of its maintenance is justified by the demand.

Residential Nurseries.—One of the war-time Residential Nurseries set up in the County under the Government Evacuation Scheme remained open during 1946, and the County Council continued to provide regular medical inspection of the children, with treatment under the various County treatment schemes for infants. Dental inspection and treatment was also provided. In addition there remain in the County six permanent Nurseries of voluntary associations registered under Section 206 of the Public Health Act, 1936. These nurseries have accommodation for some 170 children.

Treatment of Infants.

The very considerable increase in numbers of cases treated, almost double the pre-war figures and commented upon in the last Report, has largely been maintained during 1946. The work falling upon the County Orthopædic, Ophthalmic, and Ear, Nose and Throat schemes for infants has, therefore, been considerable, but it is obviously desirable and, incidentally, economical, that children in need of treatment under these schemes should be discovered as early in life as possible when their defects are in many cases more easily and more effectively remediable. It is, moreover, not altogether surprising, apart from war conditions, that this increase should have taken place, bearing in mind that the infant population of the area also has increased by about 50%, as mentioned in the paragraph above headed “Health Visiting.” Particulars of the work of these schemes follow.

Orthopædic Schemes.—The general outline of the Orthopædic Scheme remains the same as in late years, seven out-patient clinics medically staffed and organised in conjunction with the Bath and Wessex Orthopædic Hospital, where in-patient treatment is provided. The following table gives details of the work undertaken for children under school age during 1946.

Name of Clinic.	Number of Cases Examined at Clinic during the year.	Total Number of Attendances at Clinic made during the year.	Number of Cases treated as—	
			In-patient at Hospital and Out-patient at Clinic.	Out-Patient at Clinic only.
Chippenham	85	303	3	82
Corsham	34	135	4	30
Devizes	52	195	3	49
Malmesbury	40	135	1	39
Salisbury	97	356	1	96
Swindon	58	233	3	55
Trowbridge	135	567	11	125
TOTALS	501	1924	26	476

Two hundred and thirty-seven of the cases in the above table were first reported during 1946, the remainder being children who had received treatment in previous years, and for whom further treatment and after-care were necessary.

Of all the cases treated during the year, 125 were congenital defects and deformities, 68 were cases of rickets, and in 24 cases there were spastic or other paralytic conditions.

The County Council bore the cost of surgical appliances in many instances, and the cost of massage recommended by the Orthopædic Surgeon.

Ophthalmic Scheme.—One hundred and thirty-three infants were examined during 1946. Two hundred and twenty-two attendances were made at the out-patient clinics which are held at convenient centres throughout the County, and two children were admitted as in-patients to the hospitals to which the County Oculists are attached. The large majority of cases treated continues to be simple cases of squint. Many of the cases were found in the first place by the Health Visitors in the course of their routine visiting.

Ear, Nose, and Throat Scheme.—In-patient treatment recommended at the various centres is provided at Chippenham and District Hospital, Bath Royal United Hospital, Devizes and District Hospital, St. Margaret's Hospital, Swindon, Salisbury Tower House Hospital, Savernake Hospital and Westbury and District Hospital.

Penicillin therapy has rapidly taken its place in ear, nose and throat treatment, together with the drugs of the sulphonamide group which were earlier introduced, but skilful surgery still plays a large part in this important service for child health.

Convalescent Home, Marlborough.—Some twenty infants recommended by Medical Officers of Infant Welfare Centres and local practitioners were admitted during the year for treatment, in many cases nutritional. The cots available for sick children in this Home meet a real need, but many more could be used.

Registration of Nursing Homes.

During 1946 five new registrations were made, but three of these related to Homes previously registered but transferred to new premises, and one to a Home the only change in which had been one of proprietorship. No applications were refused. One private home was closed voluntarily about the beginning of the year, and there are still on the register many private Homes previously voluntarily closed for various reasons. The active list shows a total of 18 private Nursing Homes, providing 50 maternity and 61 other beds, and 10 Voluntary Hospitals, with 56 maternity and 457 other beds.

Regular inspection of the registered private Nursing Homes continues to be carried out by the Deputy County Medical Officer and the Supervisor of Midwives.

MILK SUPPLY.

No. of Milk Producers in Wiltshire	...	...	...	...	...	...	...	3,400
No. of T.T. Producers in Wiltshire	...	...	...	...	...	...	...	408
No. of Accredited Producers in Wiltshire	...	...	...	...	...	...	...	698

Veterinary Inspection of Herds by the Ministry of Agriculture.

	No. of Herds Inspected.	No. of Cattle Examined.	No. of Cattle dealt with under Tuberculosis Order.
Tuberculin Tested	537	41,279	—
Accredited	830	34,908	22
Non-Designated	1,789	41,781	33

The above figures show an increase in the number of cattle inspected, but a slight decrease in the number of animals dealt with under the Tuberculosis Order.

Arrangements for the Examination of Milk Samples.

The arrangements for the biological testing of milk samples for tubercle bacilli at the Pathological Department of the Salisbury General Infirmary have continued in force.

The routine testing of milk samples under the Milk (Special Designations) Regulations, and the examination of pasteurised and heat-treated milk samples taken under Defence Regulation 55G, continue to be carried out by the Ministry of Agriculture's Laboratory at Bristol.

Samples of milk taken by the Inspectors of Weights and Measures are subjected to sedimentation tests, and in cases where dirty milk is discovered, the County Sanitary Inspector refers the matter to the local sanitary inspector.

Milk (Special Designations) Regulations, 1936-46.

The arrangement made in November, 1945, whereby farm inspections and routine milk sampling were delegated to the Wilts Agricultural Executive Committee, has continued to operate satisfactorily.

The transfer of this work to the Ministry of Agriculture, in anticipation of which this arrangement was made, has not yet materialised, and at the time of writing no definite information is available as to the future of this work.

Comparative figures given below show that the steady increase in T.T. herds has been maintained.

Licences Granted.	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946
T.T.	100	117	140	133	126	132	184	268	348	408
Accredited	671	799	916	941	890	879	874	854	818	698
TOTAL	771	916	1056	1074	1016	1011	1058	1122	1166	1106

Number of new licences granted :—

T.T.	99
Accredited	87
No. of licences revoked by the Milk Committee	42
No. of routine milk samples examined	7,605
No. which complied with prescribed standard	6,310
No. not complying with prescribed standard	1,295

Pasteurised and Heat Treated Milk.

There are in the County Districts six licensed pasteurising plants and one heat-treated plant. There is also one licensed pasteurising plant in the Borough of Swindon.

The County Sanitary Inspector co-operates with the local inspectors in supervision and sampling of these plants. A total of 174 samples was taken of which 6 failed to comply with the prescribed standards. Twelve samples were taken by the Swindon Borough officials from the plant licensed by that authority and all passed the tests.

Tuberculous Milk.

Two cases of tubercle-infected milk were reported by Authorities outside the County during the year. As a result of the Ministry of Agriculture's investigations one cow was destroyed under the Tuberculosis Order in each case.

The County Sanitary Inspector submitted 856 samples for biological examination, of which 26 (3.4%) were found to contain tubercle bacilli. The Ministry of Agriculture's investigations resulted in 16 animals being slaughtered under the Tuberculosis Order, 6 investigations being incomplete at the time of writing.

Defects in Premises.

Unsatisfactory features, noted by the Ministry of Agriculture's veterinary inspectors in the course of their visits to farms, are reported to me, for reference to the War Agricultural Executive Committee in the case of designated herds, and to the local sanitary inspector in the case of non-designated herds.

Co-operation with Local Sanitary Authorities.

I am glad to record that the close co-operation established between the County Sanitary Inspector and the local officials has been maintained.

TUBERCULOSIS.

Medical Staff.—This remained unchanged during the year, and consisted of:—

Dr. J. S. Harper, County Tuberculosis Officer (Whole-Time).

Dr. D. F. Morgan

Dr. J. Teeuwen

Dr. J. I. F. Knight

} Assistant Tuberculosis Officers (Part-Time).

Dr. Harper attends the Salisbury, Swindon, Devizes and Savernake Dispensaries, Dr. Morgan attends the Trowbridge Dispensary, whilst Dr. Teeuwen assists at the Swindon Dispensary and Dr. Knight at the Salisbury and Trowbridge Dispensaries.

Dr. Harper and Dr. Morgan also visit patients in their own homes, and attend regularly at the various hospitals at which E.M.S. and County Council tuberculosis patients are undergoing treatment. They also undertake work in connection with the induction of artificial pneumothorax, pneumo-peritoneum, etc., and the giving of the necessary refills.

Notifications.—The following table shows the number of notifications of new cases, both pulmonary and non-pulmonary, during the years 1938-1946:

Year.	Pulmonary.	Non-Pulmonary.	Total.
1938	188	105	293
1939	230	125	355
1940	316	120	436
1941	312	121	433
1942	296	117	413
1943	332	136	468
1944	423	122	545
1945	331	110	441
1946	323	108	431

It will be seen that the notification figure for 1946 remains almost the same as in the previous year, and the conclusion that 1944 would remain the peak year of notifications seems justified. The 545 notifications in 1944 included a considerable number in respect of evacuees and persons directed into industrial work, factors which ceased to apply on the cessation of the war. The figures in Wilts would appear to show that there has been an increase in Tuberculosis of some 33% during the period 1938-1945, but a certain proportion of this increase is due to the return of members of the Forces who contracted the disease whilst on service, and evacuees from other areas, who have now made their homes in the county, so it would seem impossible to give a figure for the

real increase. The tendency noted previously that the later Age-Groups accounted for the majority of the cases notified, was not so pronounced in 1946, although still evident. Most of the cases arose in the Age-Groups 20-45, and above the age of 45 there was a slight reduction.

Deaths.—Deaths from tuberculosis showed :

Year.	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	Total.
1941	134	49	183
1942	107	34	141
1943	95	24	119
1944	99	26	125
1945	92	34	126
1946	110	16	126

The death rate from tuberculosis for 1946 was 0.38 per thousand of the population, the same rate as in the previous year.

Cases under Supervision.—The number of cases under supervision at the end of 1946 was 1,264 (982 pulmonary and 282 non-pulmonary), an increase on the previous year of 109. This increase is due mainly to three factors, a lessening in the exodus of evacuees, in lesser degree the addition of cases discovered by Mass Radiography, and a reduction in the number of patients considered to have recovered.

In the last pre-war year (1938) the number of cases on the Register was 667 (426 pulmonary and 241 non-pulmonary).

Dispensary Attendances.—These numbered 7,620, compared with 7,546 in 1945. The attendances in 1938 were 2,474.

The increase was due not only to routine attendances of patients, but to large numbers of National Service candidates referred for reports to Medical Boards, and ex-Service cases referred by the Ministry of Pensions for special reports.

Patients generally appeared to be more anxious to attend regularly than in pre-war years, and a pleasing feature is the ever-increasing number of contacts who come for examination.

Two dispensary sessions weekly are held at Salisbury, Swindon, and Trowbridge, one weekly at the Devizes and District Hospital, and one monthly at Savernake Hospital. The seven weekly sessions compare with three before the War.

Institutional Treatment.—The distribution of patients who received Institutional treatment during the year is shown in the following table.

Pulmonary cases in all stages were admitted to Harnwood Hospital, Salisbury Isolation Hospital, and Tower House E.M.S. Hospital, Salisbury, and were sent thence to Winsley Sanatorium, and elsewhere as desirable in each case. The Thoracic Unit at Frenchay Hospital provided invaluable service in the surgical treatment of pulmonary tuberculosis.

Occasional cases were admitted elsewhere as indicated in the table :—

Institutions.	Men.	Women.	Children	Total.
PULMONARY CASES—				
Winsley Sanatorium	28	16	1	45
Harnwood Hospital	17	38	2	57
Salisbury Isolation Hospital	33	—	—	33
Tower House E.M.S. Hospital, Salisbury	31	—	1	32
Marlborough Isolation Hospital	—	3	—	3
Chippenham Isolation Hospital	2	1	2	5
Devizes and District Hospital	3	—	—	3
St. Margaret's Hospital, Stratton	7	9	1	17
Kewstoke Hospital, Weston-super-Mare ...	—	2	—	2
Chelworth House Convalescent Home, Cricklade	—	1	—	1
Preston Hall, Maidstone	3	—	—	3
Douglas House, Bournemouth	4	—	—	4
Holy Cross Sanatorium, Haslemere	—	3	—	3
Ilford Sanatorium	—	1	—	1
Frenchay Thoracic Unit	15	6	—	21
Cotswold Sanatorium, Cranham	—	1	—	1
London Chest Hospital, Camberley	—	1	—	1
Frimley Sanatorium	—	1	—	1
Royal National Sanatorium, Ventnor	1	—	—	1
Brompton Hospital	—	6	—	6
Totals	144	89	7	240
NON-PULMONARY CASES—				
Bath Children's Orthopædic Hospital ...	4	7	25	36
Savernake Hospital	5	14	17	36
Beckford Lodge, Warminster	8	7	—	15
Royal Sea Bathing Hospital, Margate ...	3	5	—	8
St. Margaret's Hospital, Stratton	4	—	—	4
Heritage Schools, Chailey	—	—	1	1
Pyrford Orthopædic Hospital	2	—	—	2
Wingfield Morris Orthopædic Hospital ...	1	—	—	1
St. Martin's Hospital, Bath	5	1	—	6
Salisbury General Infirmary	—	1	—	1
Totals	32	35	43	110
GRAND TOTALS	176	124	50	350

The number of patients receiving treatment during the year was 350 compared with 466 in 1945, and 510 in 1944.

This serious drop in the provision of institutional treatment was due entirely to nursing and domestic staff difficulties at the various hospitals. At Harnwood Hospital and Winsley Sanatorium little more than 50% of the pre-war number of beds can be occupied, and at these two institutions alone 91 fewer patients received treatment in 1946.

At the end of 1946 some 60 beds could not be occupied owing to the staff shortage, and no improvement in the position has since taken place; in fact the indications are that it is becoming worse.

The natural result of the shortage of beds was a very long waiting list of patients requiring institutional treatment. At the end of 1946, there were 72 pulmonary cases awaiting treatment, 37 male and 35 female, and many of these had been on the waiting list from 6-12 months. Every effort is made to give priority for the more urgent cases either on the grounds of treatment or for the prevention of infection to others, but many cases are losing valuable time before active treatment can be instituted, and many advanced cases have to spend long periods at home in contact with children and young adults before isolation treatment can be given.

The position regarding non-pulmonary cases was more satisfactory, although even with these it was found difficult to obtain vacancies for adults. Nine non-pulmonary cases were awaiting admission at the end of 1946.

In the middle of the year the Ministry of Health informed the Council that the War Office were handing over the Odstock Hospital to the Ministry of Works, on behalf of the Ministry of Health, to provide additional hospital accommodation for the Council's area. It is hoped that this hospital, when open, will help to ameliorate the present very bad position. It does not need much imagination to see the distress and dangers caused by the lack of institutional vacancies. The County Tuberculosis Officer is daily being importuned by patients and doctors to help ; often even where the need is desperate he cannot help, for a bed in an Institution is the only answer.

Mass Radiography.—The Unit for Mass Radiography for the South Western area of the country is owned by the Bristol City Council. The Wilts County Council obtained the use of this Unit for two periods covering roughly 8 weeks during 1946, and it functioned in the Swindon, Malmesbury and Calne areas.

The number of individuals examined was 4,931, not as high a figure as had been hoped, but difficulty arose in the Swindon area in regard to the provision of accommodation. This resulted in the apparatus having to be transported to the premises of various firms, and time was thus spent which otherwise would have been available for examination purposes. The co-operation at the factories between Management, Workers, and the Unit has been very good.

Of the 4,931 persons examined, 69 or 1.4% were referred from the Unit to the Tuberculosis Officer in consequence of varying degrees of chest trouble. The following is a brief summary of the results of further investigation :—

No. of persons referred from the Unit	...	...	...	...	69
No. who attended the Dispensary	...	...	...	...	46
No. for which the Tuberculosis Officer considered no action necessary	...	...	...	...	16
No. who refused invitation to the Dispensary	...	...	...	...	7
				—	69

PERSONS ATTENDING THE DISPENSARY.

No. diagnosed as pulmonary tubercle	...	...	...	29
No. considered as "observation" cases to be kept under supervision	...	...	...	15
No. diagnosed as not tuberculous	...	...	...	2
				—
				46
				—

Of the 29 definite cases of Pulmonary Tuberculosis, 5 were considered to require Sanatorium treatment.

Much interest has been aroused in the County by this work, and it is hoped that the Mass Radiography facilities will be available again for a further period in 1947.

Out-Patient Treatment.—This at present is mainly the continuation of artificial pneumothorax and pneumo-peritoneum, and the number of out-patients who received such treatment in 1946 was 97 ; of these 73 attended at Winsley Sanatorium and 24 at Harnwood Hospital. They made 1,380 attendances.

There is still an urgent need for the establishment of other centres to enable patients to attend for treatment nearer their homes, especially in the Swindon area, and it is hoped that by another year a refill clinic will be in operation there. It is a great defect in the Tuberculosis Scheme that up to now there is no such Clinic in Swindon.

Tuberculous Ex-Service Cases.—Since September, 1939, some 250 ex-Service men and women, all Wiltshire residents, have been notified to the Council by the Ministry of Health as suffering from tuberculosis, pulmonary and non-pulmonary. The great majority of the above have been accepted by the Ministry of Pensions as having contracted or aggravated the disease whilst on service, and thus received pensions. On the 31st December, 1946, there were 159 “ accepted ” Pensioners on the Register, compared with 152 in the previous year.

A Regulation now in force states that “ Service ” patients are not pensionable until a period of 30 months from the date of the first absence from Service duty on account of the disability. During this period “ accepted ” patients will receive full Service pay and allowances, but not pensions. This Regulation means that many patients are undergoing Sanatorium treatment for a considerable time before they are pensionable, and may have been discharged home before then. Actually at the end of 1946, 18 such patients were receiving institutional treatment under the County Scheme and will in all probability become pensioners at a later date.

Payment of Allowances to Tuberculous Patients.—The Scheme whereby allowances are payable to certain patients suffering from pulmonary tuberculosis (authorised by the Ministry of Health in their Memorandum 266/T) was continued during the year. The following summary gives a brief outline of the Scheme since its commencement on the 1st July, 1943, and up to the 31st December, 1946.

Details of Applications and Grants.	From 1.7.43. to 31.12.45.	Year 1946	From 1.7.43 to 31.12.46.
Number of individual applications received	297	92	389
Number of individual applications granted ...	213	83	296
Number of individual applications refused ...	84	9	93
Number of maintenance grants paid ...	187	77	264
Number of discretionary grants paid ...	18	16	34
Number of special grants paid :—			
Travelling Expenses ...	41	6	47
Pocket money ...	20	10	30
Domestic help ...	1	1	2
Fuel Grants paid ...	137	41	178
Total cost of grants approximately ...	£12,300	£5,900	£18,200

At the end of December, 1946, there were 86 individual patients receiving allowances, several of whom were being paid more than one type of grant. The actual nature of the allowances payable was as follows :—

77 Maintenance. 16 Discretionary. 17 Special. 41 Fuel.

The Relieving Officers continued to act as Tuberculosis Investigation Officers, and rendered much valuable assistance.

There is little doubt that the Scheme has been of great help in many cases, and patients have been prepared to take up treatment at an earlier date than would have been the case if no financial help had been forthcoming. Approximately 50 patients have already resumed full-time work, and 4 others part-time work. This may not seem a large percentage of those receiving grants, but after receiving institutional treatment patients in most instances cannot resume work immediately, but must carry out prolonged domiciliary treatment.

The future of the Allowances Scheme is not yet known, but it is understood that proposals bearing on the matter will be included in the National Assistance Bill to be submitted to Parliament in due course.

Tuberculous Meningitis.—During the year 7 cases of tuberculous meningitis were reported. In such cases all possible steps are taken to follow up the contacts.

During the year, of 2 children who died from tuberculous meningitis it was known before death that other members of the family were suffering from tuberculosis, in one instance the father and two sisters, and in the other the mother.

In the five remaining cases, one was a Service patient—(not a Wiltshireman), one a transferable death of a resident who died in Wilts but whose home was in another County, in another the family removed to Wales before investigations could take place, and in the other two the contacts refused examination under the County Scheme, but promised to see their own doctors.

VENEREAL DISEASES.

Clinics.

Facilities for free advice and treatment were available at the following centres :—

	Men.	Women.
County Council Clinic, The Halve, Trowbridge	Thursday, 5-6.30 p.m. Dr. J. Teeuwen	Tuesday, 5-6.30 p.m. Dr. Jean Murray
County Council Clinic, Fuller Avenue, Corsham	—	Monday, 5-6.30 p.m. Dr. Jean Murray
Devizes and District Hospital	—	Thursday, 5-6.30 p.m. Dr. Jean Murray
General Infirmary (Skin Dept.) Salisbury	Tuesday, 11.30 a.m.— 1 p.m. Friday, 6-7.30 p.m. Dr. J. L. Potts and Dr. J. C. Gordon	Wednesday, 6-7.30 p.m. Saturday, 11.30 a.m.— 1 p.m.
Isolation Hospital, Gorse Hill, Swindon	Wednesday, 6.30-8 p.m. Friday, 6-7.30 p.m. Dr. J. Teeuwen	Monday, 5-6.30 p.m. Friday, 2-3.30 p.m. Dr. J. Teeuwen
Royal United Hospital, Bath	Friday, 5 p.m. Saturday, 5 p.m. Dr. H. J. Heathcote	Tuesday, 5 p.m. Friday, 2.30 p.m.

The Clinics at Trowbridge, Corsham and Swindon are held in County Council premises and at the other centres by agreement between the County Council and the authorities of the voluntary hospitals concerned.

Patients from Wiltshire also occasionally attend at the treatment centres at Bristol and at Oxford, but there are no formal arrangements with those clinics.

Statistics.

The annual returns from the Treatment Centres show a very considerable increase in the numbers of new cases of actual venereal disease, as well as of new patients whose condition was

found on investigation not to be due to venereal infection. The figures for the year 1946 are given below, with those for 1945 in brackets :—

	Civilian Patients.	Service Patients specially referred for report.
(a) New Patients	1128 (914)	— (40)
(b) No. of patients under		
(a) found to be suffering from venereal infections	316 (265)	— (9)
(c) No. of patients under		
(a) found not to be suffering from venereal infections	812 (649)	— (31)
(d) Total number of patients who attended the clinics	1709 (1374)	10 (92)

The total attendances of patients was 10,264 compared with 10,123 in 1945.

Pathological Work.

The Public Health Committee's arrangements are mainly with the Greville Laboratory, General Infirmary, Salisbury, and financial responsibility is accepted not only for the examination of pathological specimens from the Clinics, but also for those submitted by private practitioners and from Hospitals. The amount of work undertaken during the year was as follows :—

	Specimens Submitted from Clinics.	Private practitioners and Hospitals.	Total.
For Wassermann Reaction ...	1599	757	2356
For Kahn Test	1144	64	1208
For detection of Gonococci ...	1683	235	1918
For Other Tests	50	107	157
			<hr/> 5639 <hr/>

The total of 5,639 compares with 5,091 in 1945.

Apart from the above, specimens for a particular test (complement fixation) which necessitates special apparatus are sent to the Bacteriological Dept. of Guy's Hospital, London. Four hundred and forty specimens were submitted to this Laboratory during the year. Microscopical tests for gonorrhoea are also undertaken at the Swindon Clinic but at no other Treatment Centre in the County. The number of such examinations during 1946 was 3,316.

Penicillin Treatment.

Penicillin is being increasingly used in the treatment of venereal disease, and during the year such treatment was given in the following cases :—

	Syphilis.	Gonorrhoea.	Other Conditions.	Total.
Swindon Clinic	73 (3)	107 (12)	2	182 (15)
Salisbury Clinic	33	45	—	78
	<hr/> 106 (3) <hr/>	<hr/> 152 (12) <hr/>	<hr/> 2 <hr/>	<hr/> 260 (15) <hr/>

The figures in brackets relate to cases referred to Swindon from the Trowbridge Clinic, and are included in the totals.

Gonorrhoea especially seems to respond well to this form of treatment, and cases are cleared up much more quickly. Its use in the treatment of syphilis has also been encouraging but it is perhaps a little early to be sure of definite results.

Penicillin is no longer supplied free for this purpose by the Ministry of Health.

Defence Regulation 33 B.

Defence Regulation 33 B which has been in force since the beginning of 1943 permits of legal action being taken in certain circumstances when persons suspected to be suffering from venereal diseases fail to attend at the clinic for examination and to submit to treatment when this is necessary. Each notification on the prescribed form of a suspected case is followed up through the health visiting staff. In many instances the description of the "contact" concerned is very scanty, i.e. a Christian name, a place frequented, a brief description, but every effort is made to trace the individual concerned.

During the year 43 contacts, all women, were notified. The number of these in respect of whom two or more forms were received was 12. It was possible to trace 27 of the 43 contacts, and of these 25 were persuaded to attend the clinic for examination, and treatment where necessary. In one case only was it necessary to issue a statutory requirement to submit to treatment. The woman concerned subsequently attended the clinic, and it was not necessary to take Police Court proceedings.

The value of Regulation 33 B lies not so much in the provision for legal action in extreme cases, but in the scope afforded for informal and confidential action.

TREATMENT OF CANCER.

The Council's arrangements under the Cancer Act in respect of the whole of the County other than the Salisbury area, which is served by the Radiological Department of the Royal South Hants and Southampton Hospital, are with the Radiological Department of the Bristol Royal Hospital.

Each Centre, of course, serves a much wider area than Wilts, and in the case of the Bristol Centre, the arrangements with the various local authorities concerned are co-ordinated through an Advisory Committee which meets at frequent intervals and is attended by representatives from each constituent area. Close contact with the Hospital in regard to the various aspects of the work is thus maintained. Professor Rendle Short as a part-time officer of the Advisory Committee, acts as medical adviser and is responsible for the correlation of the administrative and clinical aspects of the Cancer Scheme in the area.

A Registration Bureau is maintained at each Centre and notice is received of Wilts patients whose condition has been diagnosed as malignant or suspected malignant.

Clinics.

Clinics conducted by members of the Radiological staffs of the two departments are held at the following Centres for the examination of new patients and the follow up of those under treatment :—

Bath, Royal United Hospital	...	...	Every Tuesday, 11 a.m.
Swindon Victoria Hospital	...	...	Second and fourth Thursday each month at 11 a.m.
Trowbridge, County Council Clinic, The Halve.			Third Thursday each month, 11.30 a.m.
Salisbury General Infirmary	...	...	First and third Thursday, each month 2 p.m.

At Bath and Swindon, the organisation of consultative clinics as between the radiotherapist and surgeon are now in progress, so that the best course to be pursued for each case may be planned before any treatment, whether surgical or otherwise, is undertaken.

The cost of the clinics at Trowbridge and Swindon is borne entirely by the County Council, and is shared with the other Authorities concerned at Bath and Salisbury.

Attendances at these clinics during the year were as follows :—

Bath	...	...	...	166	
Swindon	...	...	...	416	
Trowbridge	...	...	...	220	
Salisbury	...	...	...	775	(This figure includes patients from other areas ; separate figures for Wilts patients are not available.)

Travelling Expenses.

Where necessary, patients' travelling expenses to clinics or to hospitals for treatment, are paid in full or in part by the County Council. Transport through the Hospital Car Service or by ambulance is also provided where public transport is not available or the patients are unfit to travel by bus or train.

Treatment.

Both in-patient and out-patient treatment are provided at the Radiological Department, the County Council accepting financial responsibility for approved Wilts cases. Patients who can afford to pay are required to contribute towards the cost of their treatment if contributions are not available on their behalf from Hospital Schemes. The majority of patients are, however, Hospital Scheme members and contributions at the rate of one guinea per week are usually made in such cases. Payment was made during the year in respect of the following number of cases :—

Bristol.		Southampton.	
In-patients.	Out-patients.	In-patients.	Out-patients.
125	190	30	66

It is proposed to establish a Sub-Centre at Bath where patients can receive radiotherapeutic treatment and so relieve the pressure on the accommodation in the Bristol Centre.

Deaths from cancer during the year numbered 557 and the death rate per thousand of the population was 1.7 compared with 1.8 in 1945.

The Bristol Centre suffered a severe loss in the death of its Director, Dr. S. Bryan Adams, in April, 1947. Resignations from the staff added further to the difficulties of the Department.

WATER SUPPLY AND SEWERAGE DISPOSAL.

During the year further progress has been made as regards the submission of schemes for water supply and sewerage disposal in the rural districts, and the position may now be regarded as fairly satisfactory.

A number of Inquiries and Conferences have been held during the year, at which the County Council has been represented.

Particular stress is always laid upon co-operation between neighbouring authorities and suggestions offered by the County Council are usually well received and adopted.

A complete survey of the whole of the existing and proposed water supplies has been undertaken by a Ministry of Health Inspector and, when the report and recommendations are published, it is hoped that as a result there may be a speed-up in arrangements for the provision of water and sewerage facilities.

Brief notes as to the present position regarding the schemes submitted are appended. Where it is stated that schemes have been approved, this signifies that they have been approved in principle by the Public Health Committee. In certain instances approval is given subject to certain reservations, but for the sake of brevity these have been omitted.

In only two instances—the Hilperton and Winsley Sewerage Schemes—have grants actually been approved by the County Council.

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

Council.	Water Scheme.	Sewerage Scheme.
Amesbury	Submitted and approved	Scheme submitted and approved. Scheme for Shrewton to follow.
Bradford and Melksham	No comprehensive scheme. Small extension of main to Beanacre submitted and approved. Proposals for Atworth and South Wraxall under consideration.	Schemes for Hilperton and Winsley approved. Engineer preparing plans for remainder of district.
Calne and Chippenham	Submitted and approved	Comprehensive scheme under preparation.
Cricklade and Wootton Bassett	Submitted and approved	Submitted and approved except for Ashton Keynes, in respect of which preliminary report of Consulting Engineer is awaited.
Devizes	Submitted and approved	Submitted and approved.
Highworth	Submitted and approved	Submitted and approved except for Haydon Wick and Stratton St. Margaret.
Malmesbury	Submitted and approved	Comprehensive scheme in course of preparation.
Marlborough and Ramsbury	Submitted and approved	Scheme for Aldbourne and Ramsbury submitted and approved. Survey being made of whole district.
Mere and Tisbury	Submitted and approved	Comprehensive scheme being prepared.
Pewsey	Scheme submitted and approved	Scheme for Ludgershall submitted and approved. R.D.C. hopes to provide schemes in every parish in due course.
Salisbury and Wilton	Submitted and approved	Submitted and approved.
Warminster and Westbury	Submitted and approved	Submitted and approved.

RIVER POLLUTION PREVENTION.

Arrangements were made for the Sanitary Inspector to revert to the pre-war practice of regularly inspecting all sewage disposal plants in the County, but it was not possible for him to visit every works during the year.

The conditions found are summarised in the following statement :—

URBAN DISTRICTS.

The disposal works of the undermentioned Urban Districts were found to be giving good effluents, and no further comment, therefore, appears necessary :—

Bradford-on-Avon.
Chippenham (Patterdown).
Trowbridge.
Westbury.

A report of the conditions found on inspection at the remaining works inspected is given below :—

Calne : Inspected 3.4.46.—These works appeared to be well supervised. The filters were in good order, storm tanks empty, no accumulations of sludge or screenings, and no evidence of river pollution at the point of outfall.

A sample was collected from the outfall of the humus tank which was due for cleaning out, and this no doubt accounts for the rather high figure of suspended solids. The analyst reports, however, that, although the sample was below standard of the Royal Commission, it was not likely to cause nuisance or pollution.

Devizes : (i) *Breachfield Works* : Inspected 9.8.46.—These works were structurally unchanged since the last inspection in 1945. and obviously unable to cope with the present demand of about three times their normal dry weather flow.

The effluent discharging to the stream was clearly of a polluting nature and causing definite nuisance near the boundary of the Mental Hospital. A sample collected at the point of outfall into the stream was reported by the Analysts to be unsatisfactory showing little evidence of oxidation.

(ii) *Main Works* : Inspected 29.8.46.—Improvements are being carried out at these works with a view to improving the character of the effluent.

A sample collected at the point of outfall into the stream appeared to be of doubtful quality, although there was no evidence of gross stream pollution. The Analysts report the sample to be below Royal Commission Standard for suspended solids but not likely to cause nuisance.

Malmesbury : Inspected 6.3.46.—There is no sewage purification at all and the effluent goes straight into the river, which is obviously polluted.

In 1939 the Borough Council had agreed to prepare a scheme, which had to be postponed owing to the War.

Part of the Rural District could advantageously be linked up with a Borough scheme and the two districts could mutually assist each other.

The Borough Council are being pressed to provide a sewage works and it is understood that this is under consideration.

Marlborough : Inspected 28th January, 1946.—These works appeared to be well managed, although a sample of the effluent collected was reported by the Analysts to be just below standard.

There was no direct evidence of river pollution as the Thames was in flood and the effluent well diluted.

RURAL DISTRICTS.

In the case of the following works, no river pollution has been found to occur and further comment appears to be unnecessary :—

Amesbury	Box Middle Hill Works
Calne and Chippenham.	Corsham Works
	Colerne
	Lacock, Main Works
	Lacock, Bewley Lane
Devizes	Mental Hospital
Pewsey	

Comment is only necessary in respect of the undermentioned works :—

Calne and Chippenham : Box (Main) Sewage Works : Inspected 4.12.46.—with Local Sanitary Inspector.

These works consists of a series of trenches distributed over an acre of ground near Box Station.

Although the best use is made of these limited irrigation channels, they are of course incapable of providing consistent satisfactory purification and require replacement with a modern sewage plant.

There was considerable dilution after the recent heavy rain and the Box Brook into which the effluent discharges showed no visible evidence of pollution. A sample collected at the outfall into the stream was reported by the Analysts to be a moderately satisfactory effluent.,

GOVERNMENT DISPOSAL SYSTEMS.

Satisfactory reports were received regarding the three works visited during the year, as follows :

Bradford & Melksham Rural :	R.A.F. Station, Melksham.
Calne & Chippenham Rural :	Ministry of Works System, Corsham.
Malmesbury Rural :	R.A.F. Station, Hullavington.

TRADE EFFLUENTS.

The only satisfactory effluent under this head was that taken from the United Dairies Milk Factory at Semley, in the Mere & Tisbury Rural District, and there was no effluent from Messrs. Sawtell's, of Melksham, as no feather washing has been done for 5 years.

As regards the factories in the Melksham Urban District, this investigation was undertaken in conjunction with the Local Authority with a view to consideration being given to the factory effluents being taken into the town sewer.

MELKSHAM URBAN :—

(i) *Avon Rubber Co., Melksham* : Inspected 3.10.46.—No obvious sign of pollution. Lime, soda and alumina from the water softener plant, which is discharged occasionally, is the only doubtful effluent.

(ii) *United Dairies, Melksham* : Inspected and sampled 31.10.46.—Effluent consists of :—

1. Milk washings from tipping platform.
2. Water softening plant.
3. Milk waste from condensory vacuum pans.

Total flow about 100,000 gallons per day.

Effluent sampled as discharging to Avon. Signs of pollution around outfall pipe. Analysts report effluent to be of a polluting nature.

(iii) *Spencers (Melksham) Ltd.* : Inspected 31.10.46.—This Engineering Works is not connected to the sewer but to a primitive sewage disposal plant discharging an effluent of about 5,000 gallons a day direct to the River Avon.

The works are dilapidated and turning out an effluent which the analysts report to be of a polluting nature.

(iv) *C.W.S., Melksham* : Inspected and sampled 11.3.46.—The effluent here is milk waste and floor washings which discharges to the brook leading to the River Avon.

The liquid is collected into a pit and pumped over a coke filter, which is obviously inadequate treatment as the sample collected was reported by the Analyst to be of a grossly polluting nature.

The attention of the Creamery has been drawn to the nuisance and they are now experimenting with a new type of filter in an effort to improve matters.

The works are being kept under observation.

Re-inspected 3.7.46.—New filter provided but stream pollution still taking place. The Manager stated that his firm have now decided to discharge their effluent into the Melksham sewer.

WESTBURY URBAN.—

Aplin & Barrett, Chedlet Factory, Heywood. Inspected 9.12.46.—An additional settling tank has been provided at these works since the last inspection in 1939.

The works were found to be clean and tidy with no obvious defects, and there was no evidence of stream pollution. The appearance of the effluent was good, although the Analysts report the sample taken to be unsatisfactory.

DISINFESTATION.

During the year the County Sanitary Inspector has carried out an intensive campaign against flies, cockroaches, mites and other domestic pests. All County Hospitals, Institutions, Homes, Nurseries, etc., were visited, and also Camps under control of the W.A.E.C.

Special D.D.T. insecticides were used, giving a residual toxicity of several months, and the initial treatment has proved to be very successful, especially in fly disinfestation.

Cockroach disinfestation is a long and difficult process and complete eradication can only be ensured by continuous treatment to destroy eggs which hatch out. Advice and material have been supplied after the initial treatment has been given, and it has been found that, where the infestation has persisted, the follow-up treatment has not been carried out.

Complaints of rats and mice have also been dealt with by the County Sanitary Inspector either personally or by arrangement with the local rodent officer.

HOUSING.

There has been little improvement in the housing situation in the County during the past year, and in all cases the proposed programmes have been seriously curtailed by the Ministry of Works on account of shortage of materials and labour.

The following figures, which have been kindly supplied by the District Sanitary Inspectors, give an outline of the Local Authorities' proposed housing programme and the progress which

had been made up to the 31st December, 1946.

District.	No. of Houses Proposed to be Erected.	No. of Permanent Houses Completed up to Dec. 31, 1946.	No. of Permanent Houses under construction.	No. of Temporary Houses Completed up to Dec. 31, 1946.	No. of Temporary Houses under construction.
Urban.					
Bradford-on-Avon	189	—	20	10	—
Calne	123	—	64	—	—
Chippenham	102	12	18	—	—
Devizes	188	—	12	20	—
Malmesbury	110	—	20	—	—
Marlborough	28	—	24	20	—
Melksham	300	19	78	10	—
Salisbury	174 (1946) (Total programme : 608 permanent, 100 temporary)	2	72	100	—
Swindon	492 (1946)	50	218 (as at Dec. 31, 1946) 48	115	85
Trowbridge	201	—	48	51	6
Warminster	250	—	44	—	—
Westbury	150	—	64	—	—
Wilton	24	—	6	10	—
Rural.					
Amesbury	400	—	32	—	—
Bradford and Melksham ...	70	4	41	20	—
Calne and Chippenham ...	531	—	28	—	—
Cricklade & Wootton Bassett ...	228 (1946 & 1947)	15	65	—	—
Devizes	78	4	38	—	—
Highworth	318 (1947)	10	60	—	—
Malmesbury	200	—	30	—	—
Marlborough and Ramsbury ...	161 (1946 & 1950)	6	24	—	—
Mere and Tisbury	108	8	22	—	—
Pewsey	52 (1946)	4	38	—	—
Salisbury and Wilton	150 (1947)	18	83	—	—
Warminster and Westbury ...	100 (First year's Programme)	8	80	—	—

AMBULANCES AND SITTING-CAR SERVICES.

In order to ensure efficiency and continuity, arrangements were made in the middle of the year for all requests for ambulances and the transport of sitting-car cases to be dealt with through one section in the Public Health Department.

The County Council has certain ambulances and cars which are stationed as follows :—

- (i) St. Margaret's Hospital (1 ambulance).
- (ii) Ogbourne Smallpox Hospital (1 ambulance).
- (iii) Odstock Hospital (1 ambulance and 1 utilicon—the latter being the property of B.R.C.S.)
- (iv) Berryfield Maternity Home (1 car and 1 van).
- (v) Bradford-on-Avon (2 ambulances)
(manned by voluntary drivers).

Sitting-car cases are conveyed by the Hospital Car Service and under the County Car Pool.

Requests for cars under the Hospital Car Service are made through eight local transport officers. In practice it is found that, whilst the transport officers are only too willing to assist, they are finding it increasingly difficult to get drivers.

The County Car Pool functions in the Western part of the County, in Bradford-on-Avon and Trowbridge, and is really most efficient. Thanks are due to Miss Hopkins and her workers for the many years of excellent service they have given, both as regards the County Car Pool and as drivers for the County Ambulances stationed at Bradford-on-Avon.

Details of the number of miles travelled by the various ambulances and sitting-car pools are given below. Ambulances engaged on purely domestic hospital duties have not been included.

Ogbourne Ambulance	...	...	...	...	...	...	...	14,590
Bradford-on-Avon Ambulance	...	...	...	...	...	...	...	6,095
St. Margaret's Ambulance (brought into use 17th June, 1946)	...	...	...	...	...	...	...	3,559
Hired Ambulances (approximate)	...	...	...	...	...	...	...	1,035
Hospital Car Service	...	...	...	...	...	...	...	29,684
County Car Pool	...	...	...	...	...	...	...	13,073
Berryfield Maternity Home—Car	...	...	...	...	...	...	...	20,159

